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Bib Data Sheet

SERIAL NUMBER 09/618,965	FILING DATE 07/19/2000 RULE -	CLASS 717	GROUP ART UNIT 2763 2122	ATTORNEY DOCKET NO. 003048.P010
APPLICANTS Robert S. French, Sunnyvale, CA ; Garëld H. Banta, Menlo Park, CA ; Glen Weaver, Sunnyvale, CA ; Joyjit Nath, Sunnyvale, CA ; Viresh Rustagi, Santa Clara, CA ;				
** CONTINUING DATA ***** None MX				
** FOREIGN APPLICATIONS ***** None MX				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/13/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 84
Verified and Acknowledged Examiner's Signature <i>M. Hulm</i> Initials				INDEPENDENT CLAIMS 10
ADDRESS Marina Portnova Blakely Sokoloff Taylor & Zafman LLP 12400 Wilshire Boulevard Seventh Floor Los Angeles ,CA 90025-1026				
TITLE Multi-channel, multi-service debug				
FILING FEE RECEIVED 2388	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET**CONFIRMATION NO. 2144**

Bib Data Sheet

SERIAL NUMBER 09/618,965	FILING DATE 07/19/2000 RULE	CLASS 714	GROUP ART UNIT 2184	ATTORNEY DOCKET NO. 003048.P010
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APPLICANTS

Robert S. French, Sunnyvale, CA;
Gareld H. Banta, Menlo Park, CA;
Glen Weaver, Sunnyvale, CA; Joyjit Nath, Sunnyvale, CA;
Viresh Rustagi, Santa Clara, CA;

** CONTINUING DATA ***** *NONE*** FOREIGN APPLICATIONS ***** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/13/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>BM</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 84	INDEPENDENT CLAIMS 10
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ADDRESS

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TITLE

Multi-channel, multi-service debug

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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